

Community Health Worker Collaborative of South Dakota

### GUIDE TO COMPLETING TYPE 2 NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION USING THE NATIONAL PLAN & PROVIDER ENUMERATION SYSTEM (NPPES)

Last Updated: November 20, 2024

#### **BEGINNING INSTRUCTIONS**

This guide outlines the steps of creating an account in NPPES and proceeding with completion of a Type 2 NPI application for a CHW agency. Access <u>https://nppes.cms.hhs.gov</u> to sign in as a registered user or follow the instructions to create a new account.



 User must select Accept to agree to the Terms and Conditions of the Identity & Access Management System.

itity & Access Management System		2] He
Torms and Conditions		
You are accessing a U.S. Government information syste (3) all computers connected to this network, and (4) al computer on this network. This information system is p	em, which includes: (1) this computer, (2) this computer network I devices and storage media attached to this network or to a provided for U.S. Government-authorized use only.	ork,
Unauthorized or improper use of this system may resul	t in disciplinary action, as well as civil and criminal penalties.	
By using this information system, you understand and	consent to the following:	
You have no reasonable expectation of privacy regardered by the second sec	rding any communication or data transiting or stored on this	
<ul> <li>At any time, and for any lawful Government purpose</li> </ul>	e, the Government may monitor, intercept, and search and seiz	e
<ul> <li>any communication or data transiting or stored on the</li> <li>Any communication or data transiting or stored on the</li> </ul>	his information system. his information system may be disclosed or used for any lawful	
<ul> <li>Government purpose.</li> <li>Our system uses Cookies for security purposes to er Authentication. The cookies are not storing personal your account, please make sure Cookies are enabled</li> </ul>	isure that unauthorized users cannot bypass our Multi-Factor Iy identifiable information about our users. For increased secur d in your browser.	ity t
To continue, you must accept the terms and conditions	. If you decline, you will not be able to continue.	
Accept Decline		

 One account will be created to access multiple systems. Select Create Account Now to proceed.

rized users are able to sign in to the Identity &	Access Management System. If you are a new user you must first register.
Delegated Official	Role Title Change to Access Manager in 18A
vid confusion between the Delegated Offic elegated Official in the IRA System. The cl PECOS will remain unchanged. The title, r main the same. There is no impact to use and no additional action is required.	ial in the Provider Enrollment, Chain, and Ownership System (PECOS) an hange has no impact on the Delegated Officials listed in PECOS or their requirements and functionality for the Authorized Official (AO) role in 18, rs in 18A as a result of this change except for the title change mentioned
gn In	One account to access multiple systems
ndicates required field(s)	Create one account with the Identity & Access Management
User ID:	System to manage access to NPPES, PECOS, and EHR incentive programs, manage staff, and authorize others to access your
	information. Greate Account Now
assworu:	

- Captcha
- Submit

Jser Registration	l)
indicates required fie	eld(s)
A Note: The e-mail a unique e-mail addr e-mail address use your user account	address provided must be a ress for you, and will be the ed to contact you regarding 
E-mail Address:	
Confirm E-mail Add	Iress:
1262F	
udio	Listen to
Enter the text from	the image above:

- Complete the User Registration User Security fields
  - User ID / Password / Confirm Password

indicates required field(s)	
	User ID Compliance:
* User ID:	<ul> <li>Must be 6-12 alphanumeric characters and unique within the Identity &amp;</li> </ul>
	Access Management System and NPPES.
NPlisCool	<ul> <li>Must not contain more than four numeric characters, any spaces, or any</li> </ul>
	special characters.
* Dagguondi	<ul> <li>Must not contain personally identifiable information such as SSN or NPI.</li> </ul>
* Passworu:	
	Password Compliance:
	Must be 8-12 alphanumeric characters.
	✓ Must contain at least one letter.
* Confirm Password:	✓ Must contain at least one number.
	Must contain at least one valid special character.
	Must not contain any invalid special characters.
	<ul> <li>Must not start with numeric characters.</li> </ul>
	Must not contain three repeating characters.
	Must not be the same as your User ID
	Proceeder of the same as your over 10.
	Y Password must match Commin Password.

	Please select five different security questions and enter their an * Question 1: What is the first and last name of your first boyfiend or girlfiend?	nswers below: * Answer 1: Smith
Five Security	* Question 2: What is your favorite food?	* Answer 2: Broccoli
Questions and	* Question 3: What was the name of your first pet?	* Answer 3: Oreo
Answers	* Question 4: What city were you born in?	* Answer 4: Austin
	* Question 5: What year did you graduate from high school?	* Answer 5: 1992

- Complete the User
   Registration User
   Information fields
  - First & Last Name
  - Business Phone
  - DOB
  - SSN
  - Personal Phone
  - Home Address
  - City
  - Country
  - State / Province / Territory
  - Zip Code
  - Primary E-mail Address (auto-filled)

	17041 054 0050
Henry	(701)-654-9852
Middle Name:	* Home Address Line 1:
Alan	300 45th St S
* Last Name:	
Jones	Home Address Line 2:
	Suite 218
Suffix: Business Phone Number: (701)-433-0037	* City: Fargo
Fax Number:	* Country:
• Date of Birth: (MM/DD/YYYY)	
* SSN:	* Postal/ZIP Code: 58103
Primary E-mail Address:	

- Select your address:
  - Use Standardized Address

or

Use the Address I Entered

e	Select your address	8
	<ul> <li>Important Note: Your address has been standardized. Your address has been standardized to USPS standards to your ensure contact information is accurate. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect, you may choose to use the address you entered by selecting it below. If you wish to modify the address, select Cancel to return to the address entry page.</li> <li>Use Standardized Address: 300 45th St S Ste 218 Fargo, ND 58103-1189 United States</li> </ul>	
	<ul> <li>Use The Address I Entered:</li> </ul>	
	300 45th St S Suite 218 Fargo, ND 58103 United States	
	Continue	



 Multi-Factor Authentication is required to verify the user's identity via:

Phone Number Text/SMS

or

E-Mail Address



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Phone Number Voice Call

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code	
* indicates required field(s)	<u>* Back to Previous Page</u>
An E-mail was sent to newaccount1@email.com	
* Enter Code: Verify Code	
Haven't received an E-mail yet? Resend E-mail	
Need to make changes where you receive your code? Back to Setup Page	
Cancel	

Once the MFA code is received via the selected route, the user will enter the 6digit code and select **Verify Code**.

 The MFA code can be resent as needed.

Congratulations, your E-mail testnew@test.com was successfully verified! This will be used to verify identity upon logging in.      If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.      Begin Alternative Setup
If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.           Begin Alternative Setup
Begin Alternative Setup

 The Begin Alternative Setup option can be used to set up an additional form of MFA or the user can continue with the Complete Registration option.

### User Registration – Registration Complete

Step 1	curity Step 2 Step 3 Final
User Se	User Info MFA Setup Complete
Congratul	ations, your account has been successfully created.
If you are ar	Individual Provider, you will be able to see all associations with your NPI.
If you are ar	Authorized Official or Access Manager, you will need to add your employer(s) to manage staff and
connections	associated with your employer(s).
If you are a	Staff End User, you may add your employer and ask an Authorized Official or Access Manager associated
with your en	uployer to grant you access; or you can ask an Authorized Official or Access Manager associated with your
employer to	invite you to work on the behalf of the employer.

- The user has now created an account in Identity & Access...this is only the first step!
  - Sign Out of Identity and Access and return to NPPES.



 Once back at <u>https://nppes.cms.hhs.gov</u>, the user will sign in under Registered User Sign In to begin the initial NPI application.

National Plan & Provider Enumeration Sys	tem	
Pegistered	Lisor Sign Ir	0
Registered	User Sign II	
Log in to view/update your Nation	hal Provider Identifier (NPI) record.	
User ID 🔞		
NPIisCool		
Password		
••••••		
	SIGN IN	
FC	RGOT LISER ID OR I	PASSWORD?

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- The user will be presented a page detailing MFA requirements for NPPES.
  - Since the MFA is set up in I&A, the MFA page prompts the user to send/receive the verification code to the location initially selected during set up.
  - If the user needs to make changes to where the code is sent, they can select the link to make edits to their MFA set up.

Rational Plan & Provider Enumeration System	
	Multi-Factor Authentication (MFA)
	^ Indicates Required fields.
	* Select where you wish to receive your verification code:
	Primary Authentication Method: Email Address: m*****@tpgsi.com
	Need to make changes to where you receive your verification code? <u>Go to 1&amp;A and Reset MFA</u>
	CANCEL SEND VERIFICATION CODE

- After the code is sent, the user must select the device type.
- VERIFY CODE is selected.

Public Device – MFA code will only verify access for that ONE session.

Private Device – the system will install a cookie on the device, & the MFA is good for 24 hours.

J	Multi-Factor Authentication (MFA)
Indicat	es Required fields.
Selec	t where you wish to receive your verification code:
۲	Primary Authentication Method: Email Address: j*****@religroupinc.com
Need t	o make changes to where you receive your verification code? <u>Go to I&amp;A and Reset MFA</u>
Are y	ou logging in to the system on a Public or Private device?
۲	Public Device 🔞
0	Private Device 🕧
Enter	Code: VERIFY CODE
Haven	t received the code yet or need a new code?
SEN	NEW CODE
CAN	

#### APPLY FOR A NATIONAL PROVIDER IDENTIFIER (NPI)

Select "Apply for an NPI for an Organization"



# Complete Organization Profile

Organization Profile	
* Indicates Required fields. Note: Fields WITH 🔒 icon will not be publicly available. Fields WITHC	OUT 🔒 icon will be publicly available.
* Employer Identification Number (EIN): 🔒	* Organization Name: (Legal Business Name)
* Is the organization a subpart? 🕡 Other Name:(If applicable)	OYes ONo
* Is the organization a subpart? Other Name:(If applicable) Type of Other Name:	OYes ONO Organization Other Name:

#### APPLY FOR A NATIONAL PROVIDER IDENTIFIER (NPI) HTTPS://NPIREGISTRY.CMS.HHS.GOV/SEARCH

- Enter Authorized Official Information
  - If you have an existing NPI, you can search for your organization's information on the NPPES registry. This will show your NPI type, primary address, and primary taxonomy. Click on the NPI number and it will show more information, including when the number was established and the Authorized Official. <u>https://npiregistry.cms.hhs.gov/search</u>
  - An authorized official is an appointed official with the legal authority to make changes and/or updates to the organization provider's status (e.g., change of address, etc.) and to commit the organization provider to fully abide by the laws and regulations relating to the National Provider Identifier. The authorized official must be a general partner, chairman of the board, chief financial officer, chief executive officer, or direct owner of 5 percent or more of the organization provider being enumerated or must hold a position of similar status and authority within the organization.
  - Anyone that is a direct employee can apply to become an authorized official through NPPES. The signature of the currently authorized person is not required.
  - If you have any questions, please contact the External User Services (EUS) Help Desk:
    - 1-866-484-8049
    - EUSSupport@cgi.com

28	Authorized Official For	The Organization		
Prefix:	* First:	Middle:	* Last:	Suffix:
~				~
Credential(s):(MI	D, DO, etc.)	* Title/Position:		
* Phone Number		Extension:		

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	Enter	Address	&	Practice	Location
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his information will be used to contact the provider if we h	nave questions about the NPI application	on.	
Business Mailing Address (Corresp	ondence Address)		
This is the address (can be a Post Office Box) where	we can contact you directly to resolve	any issues that may arise during ou	r review of your application.
ADD A BUSINESS MAILING ADDRESS			
		6	
Practice Location (only one require	ed)		
This is the physical address (cannot be a Post Office	e Box) where services are rendered. Mu	Itiple locations can be entered, but	only the primary location is require
		.,,	.,,
ADD A PRACTICE LOCATION			
Business Practice Location			
This address(es) is where services are rendered. If the	e provider has more than one practice locati	ion, one must be identified as the primar	y practice location.
dicates Required fields.			
ect Type of Address:  US Domestic  Military  Outsic	de LIS / Foreign		
Same as mailing address	le 037 i bielgii		
This is my home address			
Primary practice location			
ddress Line 1: (Street Number and Name)	* Telephone Number:	Extension:	Fax Number:
1 E. 8th St I	()		()
dress Line 2: (e.g., Apartment/Suite Number)	Choose Language Filter: <b>Q</b>	Choose Language Spoken: 🔒	
	Filter by Language.	Select Language 🗸 🗸 🗸	CLEAR SAVE
ty:			
ty: uux Falls	Languages Spoken	Actions	
ty: Jux Falls ate: * Zip Code: Zip Ext:	Languages Spoken 🔺	Actions	
ty: bux Falls ate: * Zip Code: Zip Ext: D - SOUTH DAKOTA	Languages Spoken 🔺	Actions	
ity: Dux Falls Eate: Zip Code: Zip Ext: D - SOUTH DAKOTA V	Languages Spoken 🔺	Actions	
ty: ux Falls ate: * Zip Code: Zip Ext: > -SOUTH DAKOTA * anization Name(Optional): •	Languages Spoken	Actions	ige
ty: ux Falls ate: Zip Code: Zip Ext: > SOUTH DAKOTA	Languages Spoken	Actions	ge

Add Endpoint for Exchanging Healthcare Information (optional) or click "Next" to continue

INTRODUCTION	PROFILE	ADDRESS	3 HEALTH INFORMATION EXCHANGE	4 OTHER IDENTIFIERS	5 TAXONOMY	6 CONTACT INFO	7 ERROR CHECK	8 SUBMISSIC
Er	dpoint for Ex	changing	Healthcare Informati	on (optional)			61% application completed	đ
If you are not g	oing to add an Endpo g to add an Endpoint	oint to this NPI at to this NPI, click	this time, click the Next button.					

### Add Other Identifiers (optional) or click "Next" to continue

	PROFILE	ADDRESS	HEALTH INFORMATION EXCHANGE	4 OTHER IDENTIFIERS	5 TAXONOMY	6 CONTACT INFO	7 ERROR CHECK	SUBMISSIO
							61% application co	mpleted
Associating other If you are not p If you are goin	ther Identifie r provider identifiers going to add an Othe g to add an Other Ide	ers (optiona with your NPI is o r Identifier to this entifier to this NPI	<b>al)</b> optional. NPI at this time, click the Next but , click here.	ton.				
<	PREVIOUS		SAVE & EXIT			NEXT	>	

### Complete Taxonomy Information

- Choose Practice Type (must be either Multi-Specialty or Single Specialty)
- Choose Taxonomy (must be 172V00000X Community Health Worker)



#### Taxonomy

Provider's Taxonomy Information.

\* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the National Uniform Claim Committee Website.

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

* Practice Type: 🕧 〇 Not a Group 〇 193200000X-Multi-Specialty 🖲 193400000X-Single Specialty	
Choose Taxonomy Filter: <b>Q</b>	
Filter by Taxonomy name or Taxonomy code.	
* Choose Taxonomy:	
Choose Taxonomy	~
* Classifica Choose Taxonomy select dropdown. Required	
CLEAR	SAVE

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### Click on the Primary Taxonomy box

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

tions	Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type
Ĩ	~	172V00000X	Community Health Worker	193400000X-Single Specialty

### Enter Contact Information



## Complete Error Check

INTRODUCTION	PROFILE	ADDRESS	HEALTH INFORMATION EXCHANGE	OTHERIDENTIFIERS	TAXCNOMY	CONTACT INFO	7 ERROR CHECK	8 SUBMISS
Er	ror Check						89% application completed	
Note: Please clic	k the NEXT button to sub ck the VIEW button to rev	mit your appl iew which de	ication. tails of this information will be pub	lic after you submit. VIEW	i i			
Step 1: Provider	Profile						OD IS W	
Step 2: Address	lo Errors Found						REVIEW	

### Submission Certification

### Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

- \* Indicates Required fields.
- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this
  application is not true, correct, or complete, I agree to notify the <u>NP</u>. Enumerator of this fact immediately.
- I authorize the <u>NPI</u> Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this
  application form within 30 days of the effective date of the change.
- I have read and understand the Privacy Act Statement.
- I have read and understand the Penalties for Falsifying Information on the <u>NPJ</u> Application / Update Form as stated in this application. I am aware that
  falsifying information will result in fines and/or imprisonment.

#### Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or

### Submission Certification – check the box and click "Submit"

application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.

- I authorize the <u>NPI</u> Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this
  application form within 30 days of the effective date of the change.
- · I have read and understand the Privacy Act Statement.
- I have read and understand the Penalties for Falsifying Information on the <u>NP</u>I Application / Update Form as stated in this application. I am aware that
  falsifying information will result in fines and/or imprisonment.

#### Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

\* 📐 I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

### Submission Confirmation

Submission Confirmation

Thank you. Your application will be processed. Your Tracking number is : 11042024772452

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person(s) listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if a designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the FAQ Menu.

If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.